



## CITY OF DURHAM

Durham Parks and Recreation

101 CITY HALL PLAZA | DURHAM, NC 27701

Physical Address: 400 CLEVELAND STREET | DURHAM NC 27701

919.560.4355 | F 919.560.4021

www.durhamnc.gov



## Skills Inventory

Participants Name: \_\_\_\_\_ DOB: \_\_\_\_\_

Diagnosis: \_\_\_\_\_

Emergency Contact: \_\_\_\_\_ Number: \_\_\_\_\_

Date completed: \_\_\_\_\_ Completed by: \_\_\_\_\_

**Please fill out this form as completely and accurately as possible. The information will be used to better serve the participant in our programs.**

### Supervision

Below are the Supervision levels Durham Parks and Recreation provide for each program:

#### Summer Camp Programs:

**Camp Journey:** Ratio= 1:3 Ages: 6-12  
**Explore:** Ratio= 1:4 Ages: 13-21  
**Inclusion:** Ratio= 1:15 Ages: 5-12  
**Inclusion Teen:** Ratio= 1:15 Ages: 13-17

#### Afterschool Programs:

**Explore:** Ratio= 1:4 Ages: 13-21  
**Inclusion:** Ratio= 1:15 Ages: 5-12

| Skills                         | Needs Total Assist | Needs Min Assist and/or Prompting | Completely Independent |   |
|--------------------------------|--------------------|-----------------------------------|------------------------|---|
| Feeding                        | 1                  | 2                                 | 3                      | 4 |
| Toileting                      | 1                  | 2                                 | 3                      | 4 |
| Dressing/Changing clothes      | 1                  | 2                                 | 3                      | 4 |
| Ties shoes                     | 1                  | 2                                 | 3                      | 4 |
| Washes hands                   | 1                  | 2                                 | 3                      | 4 |
| Manipulates scissors/glue      | 1                  | 2                                 | 3                      | 4 |
| Makes decisions                | 1                  | 2                                 | 3                      | 4 |
| Maintains balance              | 1                  | 2                                 | 3                      | 4 |
| Able to run, jump, skip, catch | 1                  | 2                                 | 3                      | 4 |

Please explain any prompting or assistance needed with any of the above items \_\_\_\_\_

| Skills                          | <i>Never</i> |   | <i>Sometimes</i> |   | <i>Always</i> |
|---------------------------------|--------------|---|------------------|---|---------------|
| Asks for assistance when needed | 1            | 2 | 3                | 4 | 5             |
| Plays well with others          | 1            | 2 | 3                | 4 | 5             |
| Waits for his/her turn          | 1            | 2 | 3                | 4 | 5             |
| Shares with peers               | 1            | 2 | 3                | 4 | 5             |
| Follows directions              | 1            | 2 | 3                | 4 | 5             |



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### Mobility

- \_\_\_\_ Physically independent  
\_\_\_\_ Physically Independent but may have problems with rough terrain, stairs, or inclines  
\_\_\_\_ Partially mobile  
\_\_\_\_ Uses mobility aid (type: \_\_\_\_\_)

### Communication

- \_\_\_\_ Verbally independent  
\_\_\_\_ Verbal, but may be difficult to understand  
\_\_\_\_ Speech impairment  
\_\_\_\_ Uses communication aid (type: \_\_\_\_\_)  
\_\_\_\_ Uses sign language ( \_\_\_\_ some sign including basic needs, \_\_\_\_ fluently)  
\_\_\_\_ Nonverbal  
\_\_\_\_ Uses schedule ( \_\_\_\_ Written \_\_\_\_ Photo)

### Receptive – How does the participant understand or receive information?

- \_\_\_\_ Sentences      \_\_\_\_ Short phrases      \_\_\_\_ One word      \_\_\_\_ Lip reads  
\_\_\_\_ Signs      \_\_\_\_ Gestures      \_\_\_\_ Pictures      \_\_\_\_ Objects  
\_\_\_\_ Reads sentences      \_\_\_\_ Reads 2-3 word phrases      \_\_\_\_ Reads single words

### Expressive – How does the participant communicate with others or express information?

- \_\_\_\_ Sentences      \_\_\_\_ Short phrases      \_\_\_\_ One word      \_\_\_\_ Signs  
\_\_\_\_ Gestures      \_\_\_\_ Writing      \_\_\_\_ Pictures      \_\_\_\_ Objects

### Safety Issues

| <u>Safety Issues</u>   | <u>Needs 1:1 supervision</u> |   | <u>Completely understands</u> |
|--|------------------------------|---|-------------------------------|
| Understands non-edibles should not be put in mouth   | 1                            | 2 | 3                             |
| Understands danger of sharp objects and knows how to properly use  | 1                            | 2 | 3                             |
| Understands water safety   | 1                            | 2 | 3                             |
| Understands danger of streets  | 1                            | 2 | 3                             |
| Understands the importance of leaving emergency devices alone, unless for an emergency (fire extinguishers, emergency exits, emergency alarms, etc.) | 1                            | 2 | 3                             |

### Behavior

- \_\_\_\_ Non-Compliant      \_\_\_\_ Manipulative      \_\_\_\_ Verbally aggressive  
\_\_\_\_ Physically aggressive      \_\_\_\_ Withdrawn/shy      \_\_\_\_ Self-Injurious Behaviors  
\_\_\_\_ Short attention span      \_\_\_\_ Hyperactive      \_\_\_\_ Running away/wanders  
\_\_\_\_ Refusing activity      \_\_\_\_ Temper tantrums      \_\_\_\_ Other: \_\_\_\_\_

Are there any warning signs that may signal the above behaviors before they occur? \_\_\_\_\_



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### Management Techniques

- ☐ Make requests and wait for compliance
- ☐ Use firm voice
- ☐ Pair verbal requests with visual cues (i.e. tap chair when asking to sit down)
- ☐ Avoid \_\_\_\_\_ (i.e. loud noise),
- ☐ Give warning prior to changing activities or routine.
- ☐ Time-out

Other: \_\_\_\_\_

### Aquatics

The Participant . . .

Yes

No

fears water/will not get in water willingly

\_\_\_\_\_

\_\_\_\_\_

is comfortable in shallow water (waist deep)

\_\_\_\_\_

\_\_\_\_\_

requires floatation device at all times

\_\_\_\_\_

\_\_\_\_\_

needs a hydraulic lift to enter and exit the water

\_\_\_\_\_

\_\_\_\_\_

needs assistance entering and exiting the water

\_\_\_\_\_

\_\_\_\_\_

may have bowel movement in the water

\_\_\_\_\_

\_\_\_\_\_

Additional Information that will be helpful when working with the participant in the water:

\_\_\_\_\_  
\_\_\_\_\_

### Likes and Dislikes

#### Likes

Activities: \_\_\_\_\_

#### Dislikes

Activities: \_\_\_\_\_

Food/Snack: \_\_\_\_\_

Fears/Phobias: \_\_\_\_\_

### Other Special Care needs or Comments

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Parent/Guardian Signature: \_\_\_\_\_ Date: \_\_\_\_\_

DPR Care Program Coordinator: \_\_\_\_\_ Date: \_\_\_\_\_